



## MICHIGAN STATE YOUTH SOCCER ASSOCIATION INSURANCE PROGRAM FOR TOURNAMENTS



MSYSA Host Team/Club: \_\_\_\_\_

Name of Tournament: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Start date: \_\_\_\_\_ End Date: \_\_\_\_\_

Note: This coverage is intended for all teams (including MSYSA members) participating in the MSYSA Tournaments.

**Coverage provided:**

**Excess Accidental Medical Coverage:**

\$50,000 Limit per Accident  
\$500 Deductible per injury

**Liability Coverage:**

\$1,000,000 per Occurrence Limit  
\$2,000,000 Aggregate Limit

**Notable Exclusions and Limitations (in addition to the usual exclusions found in standard commercial General Liability policy):**

Sexual Abuse & Molestation	Fireworks	Fungi or Bacteria
Automobile Liability Coverage of Any Kind	Dunk Tanks	Certified Acts of Terrorism
Employment Related Practices	Amusement Devices (Rides, Slides, Inflatables)	

**\*\*\*Coverage extends to make-up dates caused by weather, but no refunds are allowed. All changes in tournament dates must be reported to Pullen Insurance Services in writing to dpullen@pullenins.com.**

Number of Teams	Rate Per Team	Total Premium per Tournament
x	\$9.00	= \$

Complete this form, enclose with your check payable to "Pullen Insurance Services" and mail to:  
2560 River Park Plaza, Suite 300; Fort Worth, TX 76116

Note: A separate sheet with the names of all the teams that are playing in the tournament must be submitted no later than one weeks prior to the event start date. Any additional money owed to Pullen for teams yet unpaid must also be received at this time.

Signature of Tournament Official: \_\_\_\_\_ Date: \_\_\_\_\_